
TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Proposed Rule
LSA Document #15-450

DIGEST

Amends [405 IAC 5-14-1](#), [405 IAC 5-14-2](#), and [405 IAC 5-14-4](#) to update the office's dental coverage policies and limits for covered services. Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

[405 IAC 5-14-1](#); [405 IAC 5-14-2](#); [405 IAC 5-14-4](#)

SECTION 1. [405 IAC 5-14-1](#), PROPOSED TO BE AMENDED AT [20160518-IR-405150418PRA](#), SECTION 143, IS AMENDED TO READ AS FOLLOWS:

[405 IAC 5-14-1](#) Policy

Authority: [IC 12-15](#)

Affected: [IC 12-13-7-3](#); [IC 12-15-13-6](#)

Sec. 1. (a) Medicaid reimbursement is available only for those dental services listed in section 2 of this rule subject to the limitations set out in this rule.

~~(b) For those members twenty-one (21) years of age and over, covered services routinely provided in a dental office will be limited to one thousand dollars (\$1,000) per member, per twelve (12) month period. This limit precedes all other limits within this rule. All procedure codes will be included within the limitation. A provider bulletin issued under this subsection shall be effective no earlier than permitted under [IC 12-15-13-6](#).~~

~~(e)~~ **(b)** For those members twenty-one (21) years of age and over, all covered services will require prior authorization except the following:

- (1) Diagnostic and preventative services.
- (2) Direct restorations.
- (3) Treatment of lesions.
- (4) Periodontal services for the following immuno-compromised individuals:
 - (A) Transplant patients.
 - (B) Pregnant women.
 - (C) Diabetic patients.
- (5) Extractions.
- (6) Emergency and trauma care.

(Office of the Secretary of Family and Social Services; [405 IAC 5-14-1](#); filed Jul 25, 1997, 4:00 p.m.: 20 IR 3319; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Dec 13, 2002, 4:00 p.m.: 26 IR 1546; filed Aug 17, 2007, 3:23 p.m.: [20070912-IR-405060005FRA](#); readopted filed Sep 19, 2007, 12:16 p.m.: [20071010-IR-405070311RFA](#); filed May 9, 2011, 4:01 p.m.: [20110608-IR-405100795FRA](#); readopted filed Oct 28, 2013, 3:18 p.m.: [20131127-IR-405130241RFA](#))

SECTION 2. [405 IAC 5-14-2](#), PROPOSED TO BE AMENDED AT [20160518-IR-405150418PRA](#), SECTION 144, IS AMENDED TO READ AS FOLLOWS:

[405 IAC 5-14-2](#) Covered services

Authority: [IC 12-15-1-10](#); [IC 12-15-1-15](#); [IC 12-15-21-2](#); [IC 12-15-21-3](#)

Affected: [IC 12-13-7-3](#); [IC 12-15](#)

Sec. 2. The following are covered dental services under Medicaid:

- (1) Evaluations.
- (2) Radiographs.
- (3) Prophylaxis.

- (4) Topical fluoride for members twenty (20) years of age and younger.
- (5) Sealant for permanent molars and premolars for members twenty (20) years of age and younger.
- (6) Amalgam.
- (7) Unilateral and bilateral space maintainers for members twenty (20) years of age and younger.
- (8) Resin anteriors and posteriors.
- (9) Recement crowns.
- (10) Steel crown primary.
- (11) Stainless steel crown permanent.
- (12) Therapeutic pulpotomy.
- (13) Extractions.
- (14) Oral biopsies.
- (15) Alveoplasty.
- (16) Excision of lesions.
- (17) Excision of benign tumor.
- (18) Odontogenic cyst removal.
- (19) Nonodontogenic cyst removal.
- (20) Incise and drain abscess.
- (21) Fracture simple stabilize.
- (22) Compound fracture of the mandible.
- (23) Compound fracture of the maxilla.
- (24) Repair of wounds.
- (25) Suturing.
- (26) Emergency treatment dental pain.
- (27) Analgesia for members twenty (20) years of age and younger.
- (28) Drugs and medicaments.
- (29) ~~Periodontal surgery limited to drug-induced periodontal hyperplasia.~~ **Periodontic procedures.**
- (30) Other dental services as medically necessary to treat members eligible for the EPSDT program.
- ~~(31) Periodontal root planing and scaling.~~
- ~~(32)~~ **(31)** General anesthesia.
- ~~(33)~~ **(32)** Intravenous (IV) sedation covered only for oral surgical services.
- ~~(34)~~ **(33)** Dentures and partials.
- ~~(35)~~ **(34)** Orthodontic services for members twenty (20) years of age and under only.
- (35) Physician fluoride varnish services for members younger than four (4) years of age.**

(Office of the Secretary of Family and Social Services; [405 IAC 5-14-2](#); filed Jul 25, 1997, 4:00 p.m.: 20 IR 3319; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Apr 16, 2003, 10:50 a.m.: 26 IR 2862; readopted filed Sep 19, 2007, 12:16 p.m.: [20071010-IR-405070311RFA](#); readopted filed Oct 28, 2013, 3:18 p.m.: [20131127-IR-405130241RFA](#))

SECTION 3. [405 IAC 5-14-4](#), PROPOSED TO BE AMENDED AT [20160518-IR-405150418PRA](#), SECTION 146, IS AMENDED TO READ AS FOLLOWS:

[405 IAC 5-14-4](#) Topical fluoride

Authority: [IC 12-15-1-10](#); [IC 12-15-1-15](#); [IC 12-15-21-2](#); [IC 12-15-21-3](#)

Affected: [IC 12-13-7-3](#); [IC 12-15](#)

Sec. 4. Reimbursement is available for one (1) topical application of fluoride every six (6) months per member ~~only for patients who are twelve (12) months of age or older but who are younger than twenty-one (21) years of age.~~ **from the time of first tooth eruption.** Topical applications of fluoride are not covered for members twenty-one (21) years of age or older. Brush-in fluoride (topical application of fluoride phosphate) is not a covered service.

(Office of the Secretary of Family and Social Services; [405 IAC 5-14-4](#); filed Jul 25, 1997, 4:00 p.m.: 20 IR 3320; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Apr 16, 2003, 10:50 a.m.: 26 IR 2863; readopted filed Sep 19, 2007, 12:16 p.m.: [20071010-IR-405070311RFA](#); readopted filed Oct 28, 2013, 3:18 p.m.: [20131127-IR-405130241RFA](#))

[Notice of Public Hearing](#)

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